Outstanding Overpayments Report

Topic: *FM02b: Overpayment Adjustments*

Report ID: FM02b02

Report Content: This report lists all outstanding overpayments to providers for each County. It will display whether a specific overpayment has been sent to the Collections for recoupment or future payments to this provider are being reduced by a monthly amount based on a repayment plan. This report will be used to monitor recoupment of overpayments.

Dependencies: This report is generated after the FM02b: Adjust Overpayments Based on Repayment Plan batch program completes its cycle.

Frequency: Monthly.

Runtime Parameters: From Date, To Date, County Code or 'ALL' for all Counties

Selection Criteria: This report retrieves all outstanding overpayments for a County. For each overpayment, it also displays sum of all recoupments made against the overpayment and the remaining balance yet to be recouped. It will display all overpayments in the PAYMENT table (i.e., PAYMENT.am_rqst <0) with (PAYMENT.cd_recoup = "C" or "O") and (PAYMENT.cd_pmnt_stat <> 'C' OR PAYMENT.cd_pmnt_stat is null) and (PAYMENT.fl_repaid <> 'Y") PAYMENT.cd_cnty_new = County code entered in parameter

Sort Criteria: Sort by County, Site, Supervisor, Case Worker, Provider Type

Level Breaks: Page Break by County, Site, Supervisor, Case Worker, Level break by provider.

Output Data: This report lists all overpayments made to providers that are still outstanding for a specified County. The report includes currently assigned Supervisor, Licensing/Case Worker, Provider #, Provider/Payee name, Current repayment option ("Collections," "Reduction"), Current Repayment Level ("Provider/County" or "Payment", Amount of reduction (0.00 if "Collections"), Client case #, Client name, Overpayment origination date, Original overpayment amount, Repayments/Adjustments, and Overpayment Balance.

Audience: Licensing workers, DHFS fiscal staff, DOA fiscal staff.

Business Intent: Assist in monitoring of recoupment of overpayments to providers.

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1       10   20   30   40   50   60   70   80   90   100  110  120  130
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Date: MM/DD/CCYY                    Wisconsin Dept. of Health and Family Services                        Report ID: FM02b02
Time: HH:MM PM                         Division of Children and Family Services                          Page: 9,999

                                            Outstanding Overpayments
                                               As of MM/DD/CCYY



County: XXXXXXXX
Site: XXXXXXXXXX
Supervisor: XXXXXXXXXXXXXXX
Licensing/Case Worker: XXXXXXXXXXXXXXX
Provider Type: XXXXXXXXXXXXXXX
                                                                ----------------Overpayment Information---------------
Provider/Payee Name                 Provider ID      Phone          Overpayment Date  Original   Repayments/ Overpayment
Provider Address                                                                      Overpayment Adjustments   Balance
Overpayment ID:  XxxxxxxxxxX
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX  XxxxxxxxxxxxX  999-999-9999    MM/DD/CCYY        $99,999.99  99,999.99   99,999.99
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX, XX 99999-9999
Recoupment Option:  XxxxxxxxxxX
Recoupment Level:  XxxxxxxxxxxxX          Reduction amount                             99,999.99
Client Name: XxxxxxxxxxxxxxxX, XxxxxxxxxxxXCase ID:      F999999X

Overpayment ID:  XxxxxxxxxxX
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX  XxxxxxxxxxxxX  999-999-9999    MM/DD/CCYY        $99,999.99  $99,999.99  $99,999.99
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX, XX 99999-9999
Recoupment Option:  XxxxxxxxxxX
Recoupment Level:  XxxxxxxxxxxxxxX         Reduction amount                            99,999.99
Client Name: XxxxxxxxxxxxxxxX, XxxxxxxxxxxXCase ID:      F999999X

Overpayment ID:  XxxxxxxxxxX
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX  XxxxxxxxxxxxX  999-999-9999    MM/DD/CCYY        $99,999.99  $99,999.99  $99,999.99
XxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxX, XX 99999-9999
Recoupment Option:  XxxxxxxxxxX
Recoupment Level:  XxxxxxxxxxxxX           Reduction amount                            99,999.99
Client Name: XxxxxxxxxxxxxxxX, XxxxxxxxxxxXCase ID:      F999999X

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                                             Provider Totals =  $99,999.99     $99,999.99     $99,999.99

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                                             County Total =    $99,999.99     $99,999.99     $99,999.99


                                             Report Totals =   $99,999.99     $99,999.99     $99,999.99

1       10   20   30   40   50   60   70   80   90   100  110  120  130
----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+--
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